LEAVE BLANK – DNR USE ONLY	
Student # _____to_____	Date Issued

State of Wisconsin
Department of Natural Resources

Safety Course Roster and Remittance

Form 8500-065 (R 9/05)   Page 1 of 2

YOU MUST ENTER YOUR ASSIGNED 5 DIGIT COURSE ID NUMBER IN THE FIELD BELOW TO USE THIS FORM:

MAIL ROSTER, STUDENT CARDS, AND FEES TO:
Department of Natural Resources
Bureau of Law Enforcement
P.O. Box 7921
Madison, WI 53707-7921

H ☐ **HUNTER** (Section 29.591, Wis. Stats.)

R ☐ **BOWHUNTER** (Section 29.591, Wis. Stats.)

B ☐ **BOAT** (Section 30.74(1), Wis. Stats.)
S ☐ **SNOWMOBILE** (Section 350.05(2), Wis. Stats.)
A ☐ **ATV** (Section 23.33(5)(b), Wis. Stats.)

Notice: The lead Instructor is required to complete this form to document instructors, students and payment of fees for safety courses, required under Sections 23.33, 29.591, 30.74, and 350.05, Wis Stats. Personally identifiable information may be used for participation in surveys, eligibility for approvals, law enforcement purposes and other secondary purposes.

Complete Student Information on the reverse accurately. Do not pass roster around the class or share it with others.

Class Dates		Course Length	No of Students
Start End			
- - - -	_____ hours		

Class fees payable to DNR:

_____ Total Fees Collected ($10/student)

Complete for Hunter Education Course Only:

Shooting Facilities Available? ☐ Yes ☐ No
Rifle Firing? ☐ Yes ☐ No
Shotgun Firing? ☐ Yes ☐ No
Bow and Arrow? ☐ Yes ☐ No

_____ (Minus) Instructor Expenses

_____ Total Fees Remitted to DNR
(must be at least 50% of the total fees collected)

Instructors:

- Include name and instructor number of **ALL** instructors taking part in this course
- **COMPLETE ALL** student information
- Make a copy of this roster for your records

County	Total Volunteer Hours Involved in Conducting This Course (including preparation)

Lead Instructor (Last Name, First, M.I.)	Instructor Number

I certify these records to be true and accurate.

Lead Instructor Signature	Date Signed	Telephone Number (w/ area code)

Address	City, State, ZIP Code

All Other Instructors (Last Name, First, M.I.)	Instructor No.	**All Other Instructors** (Last Name, First, M.I.)	Instructor No.

If space is needed for additional instructors, please use another sheet of paper.

Conservation Warden (Last Name, First, M.I.)	Instructor No.

For Faster Service, Please Double Check Your Roster For Accuracy. Thanks!!

State of Wisconsin
Department of Natural Resources

Safety Course Roster and Remittance

Student Information
Please use complete given names – do NOT use nicknames

DNR Course ID number

Last Name,	First,	M.I.	Complete address
Birthdate (MM-DD-YYYY)		Telephone Number (w/area code)	
- -		- -	

Last Name,	First,	M.I.	Complete address
Birthdate (MM-DD-YYYY)		Telephone Number (w/area code)	
- -		- -	

Last Name,	First,	M.I.	Complete address
Birthdate (MM-DD-YYYY)		Telephone Number (w/area code)	
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Birthdate (MM-DD-YYYY)		Telephone Number (w/area code)	
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Last Name,	First,	M.I.	Complete address
Birthdate (MM-DD-YYYY)		Telephone Number (w/area code)	
- -		- -	

For Faster Service, Please Double Check Your Roster For Accuracy. Thanks!!